



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> 112133.00003 RCE
In re Application of <b>Van Gelder et al.</b>		
Application Number <b>09/713,545</b>		Filed <b>11-15-2000</b>
For <b>Multi-gene expression profile</b>		
Art Unit <b>1636</b>	Examiner <b>William Sandals</b>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |                  |
|--|------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$ _____         |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$ _____         |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ <b>930.00</b> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$ _____         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$ _____         |

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 17-0055.  
I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
  - ☒ attorney or agent of record.
  - ☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

9/22/03  
Date  
602-230-5502  
Telephone Number

Barbara J. Luther  
Signature  
Barbara J. Luther  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case.